SEEC FORM 20

Itemized Campaign Finance Disclosure Statement CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION **Revised January 2015**

RECEIVED

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1. NAME OF COMMITTEE										
Re-Elect Mayor Ken 2017										
2. TREASURER NAME										
First		МІ		Last						Suffix
Jon				FitzGer	ald					
3. TREASURER ADDRESS						·				
Street Address			City				State		Zip Co	
99 Gregory Rd			Bris	itol			CT		0601	.0
4. ELECTION/REFERENDUM DATE	5. OFFICE SOUG	HT (Complet	te only	if Candidat	e Committee)			6.]	DISTR	RICT NUMBER
(mm/dd/yyyy) 11/07/2017	Mayor							(if ap)	plicable)	
7. CANDIDATE NAME (Complete only if	Candidate or Explorato	ry Committee))							
First		MI		Last		The second secon				Suffix
Ken				Cockay	ne /ne					
8. TYPE OF REPORT (Check One Box)		<u> </u>							1	
O January 10 filing	O7th day preced	ding primar	y	O7th	day preceding re		Initial Cont		ion or	Disbursement
O April 10 filing	O30 days follow	wing primar	у	O45	days following re	ferendum _	Amendmer			
O July 10 filing	O7th day preced	ding electio	n	ODe	ficit	-	Гуре of Rep	port:		
October 10 filing	O12th day preco			⊙ Ter	rmination					
24 Hour Independent Expenditure Primary Election	O45 days follow not held in No		n							
9. PERIOD COVERED										
	Beginning Da	ıte			Ending D	Pate				
	Oct 30, 2017			thru	December 4, 2	2017				
		,								
10. CERTIFICATION										
I hereby certify and state, under proposed by Disclosure Statement for the period of t	penalties of false striod covered is t	true, accu	rate	and con	iplete.	t forth on this Ite	mized Ca	mpai	ign Fi	nance
Va b Fallen	l		Jon	P FitzGe	rald			12	/05/2	:017
TREASURER OR DEPUTY TREASURI	ER (SIGNATURE)	•	PRIN	IT NAME	OF SIGNER		-	D	ATE (1	mm/dd/yyyy)
j.										
A manganaula in				:11.6 .11	-1					
A person wno is	found to have kn j				olated any prov imprisonment or		ipaign find	ince	statu	ies

Page 1 of 17

SEEC FORM 20

Itemized Campaign Finance Disclosure Statement CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION Revised January 2015

	A TO	T 7	\mathbf{D}		~	\sim
SUMM	AK	Y	PA	C+H.		ď.

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT	
Re- Elect Mayor Ken 2017	temmination	
	COLUMN A This Period	COLUMN B Aggregate
 Balance on hand January 1 of current year for ongoing and party committees OR Balance on hand from day committee was formed for all other committees 		/ / / /
12. Balance on hand at the beginning of Reporting Period	2656.62	
13. Contributions Received from Individuals (Sections A and B)	1230	3/696
14. Receipts from Other Committees (Sections C1 and C2)	0	0
15. Other Monetary Receipts (Sections D through K)	300	385
16a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3)	0	0
16b. Per Public Act 11-48, effective January 1, 2012 Section L2. removed		
16c. Total Purchases of Advertising—Program Book or Sign (Section L3)	O	2650
17. Total Monetary Receipts (add totals for Lines 13 through 16c)	1530	34731
18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)	4186.59	3 4731
Expenses Paid by Committee (Section P)	4186.59	34731
20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)	0	0
21. In-Kind Donations not Considered Contributions Received (Section L4)	0	0
22. In-Kind Donations not Considered Contributions — House Party (Section L5)	O	0
23. In-Kind Contributions Received (Section M)	0	1404.84
24. Refundable Deposit to Telephone Company (Section N)	0	0
25. Loan Balance	0	
25a. + Loans Received (Section D)	0	60
25b. + Interest and Penalties on Loan	0	()
25c Payments on Loan	0	60
25d. Total Outstanding Loan Amount	0	
26. Campaign Expenses Paid by Candidate (Section Q)	0	
27 Expenses Incurred on Committee Credit Card (Section R)	0	
28. Expenses Incurred by Committee During this Period but Not Paid (Section S)	0	
28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)	0	

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TWO ON THE CONTROL OF
Be-Elect Mayor Krn 2017	TYPE OF REPORT
A. Total Contributions from Small Contributors-Received this Period ONLY	termination
(See instructions for definition of Small Contributor) SUBTOTAL SECTION A	\$ (2)
B. Itemized Contributions from Indiv	iduals
1	MI
Residential Street Address City	——————————————————————————————————————
301 Old Orchand Rd Boistel	State Zip Code
Principal Occupation Name of Employer	9
INSURGREE CT N	ctwork In
11 Continuous is in excess of \$400 to a candidate for a chief excess.	
valued at more than \$5,000?	t with said municipality
Is this contribution associated with an event reported in Section L1? Yes Very Is contributor a principal of a state contractor or prospective state of the stat	te contractor? Yes
If yes, list Event # of government the contract is with:	OLegislative
Method of Contribution: Date Received	Aggregate Contributions
Cash Personal Check Credit/Debit Card Payroll Deduction Money Order	934 250
First	MI
Lesidential Street Address	
7 0 1 1 1 1 1 City	State Zip Code
cipal Occupation Name of Employer	G 06010
See and	0 /
contributor a lobbyist, spouse, Yes If contribution is in excess of \$400 to a candidate for a chief executive	es Brokers Concept.
valued of more than \$6,0000	with said municipality Amount of Confribution
this contribution associated with an	
If yes, list Event #	ØN ₀
fethod of Contribution:	Legislative Aggregate Contributions
Cash Personal Check Ocredit/Debit Card Payroll Deduction Money Order	970 25V
ist ivallie	\(\alpha \) \(\alpha \) \(\alpha \) \(\alpha \)
Panken Sidential Street Address Tanet	
City	State Zip Code
incipal Occupation Baisto	G
Name of Employer	1
contributor a lobbyist, spouse, O Yes If contribution is in excess of \$400 to a condidate for a life of	of Cornant
dependent child of a lobbyist? No does contributor or business he/she is associated with have a contract w valued at more than \$5,000?	officer of a municipality, ith said municipality Amount of Contribution
this contribution associated with an Yes Is contributor a principal of a state contractor or prospective state.	contractor? OYes
fyes, list Event # of government the contract is with:	ANO 1
ethod of Contribution:	Legislative Aggregate Contributions
Cash Personal Check Ocredit/Debit Card Payroll Deduction OMoney Order	130 60
SUBTOTAL Section B — This P	
TOTAL of additional Section B Pa	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A	0 /0

Section B ADDITIONAL PAGE 2a of 17

NAME OF COMMITTEE (Provide Complete Name as R	egistered with Filing Repository)	TYPE OF REPO	-
_			
A. Total Contributions from Small See instructions for definition of Small Contributions for definition of Small Contributions for the small Contribution of Small Contributions for the small Contribution Contributions for the small Contribution Contributions for the small Contribution Contribution Contribution Contribution Contributions for the small Contribution Co	Contributors Paggived this Position	Tenn	nination
(See instructions for definition of Small Contri	butor) SUBTOTAL S	ECTION A \$	`
			<u> </u>
Last Name	B. Itemized Contributions	from Individuals	
Cickouse	First		MI
Residential Street Address	13 /?	uce	
73 Tuttle 7	-cl Bri	-1.1	State Zip Code
Principal Occupation		Employer	CT 06010
insurance	l R	where Advance	: اسم ا
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	in roundit is ill excess of \$400 to a candidate for	a chief evenutive office of	
value	d at more than \$5,000	have a contract with said municipal	ity Amount of Contribution
Is this contribution associated with an Yes 1	s contributor a principal of a state contractor or		Yes
event reported in Section L1? If yes, list Event #	If yes, indicate which branch or branches of government the contract is with:		No
Method of Contribution:	Date Rece		one
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐	Payroll Deduction Money Order 11/2		
Last Name	First	11) 031.07	285 MI
DeNinu	540	~~~	MI
Residential Street Address	City		State Zip Code
40 Field St	1320	+1/	05 06010
ipal Occupation	Name of E		1 1 0 0 0 0 0
Is contributor a lobbyist, spouse, Yes If contributor a lobbyist, spouse,	G	reen Skies	
or dependent child of a lobbyist? No does co	ontribution is in excess of \$400 to a candidate for a contributor or business he/she is associated with	chief executive officer of a municiphave a contract with said municipality	pality, Amount of Contribution
Is this contribution associated with an Yes Is	s contributor a principal of a state contractor or		
event reported in Section L1? If yes, list Event #	If yes, indicate which branch or branches	₽ P	Yes No
Method of Contribution:	Date Receiv	☐ Executive ☐ Legislative ved Aggregate Contribution	
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ P	ayroll Deduction Money Order 11/3	/ Ingregate Contribution	
Last Name	First	117 265	285
Golds Seam		nathan	MI
Residential Street Address	City	197697	State Zip Code
176 McIntush	Da 150,	41	O 060/0
Timetpai Occupation	Name of Er	nployer	10070
s contributor a lobbyist, spouse, Yes If contri			
r dependent child of a lobbyist? No does convalued a	ibution is in excess of \$400 to a candidate for a ntributor or business he/she is associated with hat more than \$5,000?	ave a contract with said municipality	Amount of Contribution
s this contribution associated with an Yes Is went reported in Section L1?	contributor a principal of a state contractor or p	10	Tes .
If yes, list Event #	of government the season of branches		
Method of Contribution:	Date Receive	☐ Executive ☐ Legislative Aggregate Contributions	
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Pa	yroll Deduction Money Order / 0/3	1	100
	SUBTOTAL Section		(,)()
	TOTAL of additional S	Section B Pages	0/0
TOTAL OF ALL CON	NTRIBUTIONS FROM INDIVIDUALS	(Sections A + B)	
	(Enter total on Line 13, Column A of Sur	nmary Page Totals)	

		omplete Name as Registered	_	_	TYPE OF REPORT	
/(_	- Sleet M	reger Ken	2017		+ CRMIC	
ame of Committee		C1.	Contribution	ons from Other Co	ommittees	
anic or comme	3 e			Name of	f Treasurer	and the lay on the attraction quarter, when the control of the
Address						
Address				Is this contribution ass	sociated with an Oyes ONo	Amount of Contributio
	·			event reported in Secti	ion L1? yes, list Event #	
City		State	Zip Code	Date Received	Aggregate Contributions	
Name of Committe	e			Name of	Treasurer	
					Heasurer	
Address				- L		
				Is this contribution asso event reported in Section	ociated with an Yes No on L1?	Amount of Contribution
City		1000		If)	ves, list Event #	
Лу		State	Zip Code	Date Received	Aggregate Contributions	\dashv
Name of Committee	;			Name of	Treasurer	
Address				Is this contribution acco		
				event reported in Section		Amount of Contribution
City		State	Zip Code		es, list Event #	
		'	Zip Couc	Date Received	Aggregate Contributions	
		ı	1	1	'	•
						10
200	C2.	Reimbursement	ts or Surplu	us Distributions fr	om other Committees	
lame of Committee	C2.	Reimbursement	ts or Surpli	us Distributions fr		
	C2.	Reimbursemen	ts or Surpli			
lame of Committee	C2.	Reimbursemen	ts or Surpli			State Zip Code
	C2.	Reimbursemen	ts or Surpli	Name of T		State Zip Code
	Expenditure #	Reimbursement	ts or Surpli	Name of T		
ddress	Expenditure #			Name of T	Treasurer	State Zip Code Amount of Receipt
ddress	Expenditure #	Payment Type		Name of T	Treasurer	
ddress Date Received	Expenditure #	Payment Type		Name of T	Treasurer	
ddress Date Received	Expenditure #	Payment Type		Name of T	ibution	
ddress Date Received Description	Expenditure #	Payment Type		City Spense OSurplus Distri	ibution	
ddress Date Received Description	Expenditure #	Payment Type		City City Name of T	ibution	Amount of Receipt
ddress Date Received Description The property of the proper	Expenditure #	Payment Type		City Spense OSurplus Distri	ibution	
ddress Date Received Description Description Description	Expenditure #	Payment Type OReimburseme		City City Name of T	ibution	Amount of Receipt
ddress Date Received Description The property of the proper	Expenditure # (if applicable)	Payment Type Reimburseme	ent for shared ex	City Name of T Surplus Distri Name of Tr	ibution	Amount of Receipt
ddress Date Received Description	Expenditure # (if applicable) Expenditure #	Payment Type Reimburseme		City Name of T Surplus Distri	ibution	Amount of Receipt State Zip Code
ddress Date Received Description Description Description	Expenditure # (if applicable) Expenditure #	Payment Type Reimburseme	ent for shared ex	City Name of T Surplus Distri Name of Tr	ibution	Amount of Receipt State Zip Code
ddress Date Received Description	Expenditure # (if applicable) Expenditure #	Payment Type Reimburseme	ent for shared ex	City Name of T Surplus Distri Name of Tr	ibution	Amount of Receipt State Zip Code
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ddress Date Received Description	Expenditure # (if applicable) Expenditure #	Payment Type Reimburseme	ent for shared ex	City Name of Tr Spense Surplus Distri Name of Tr City Expense Surplus Distri	ibution reasurer tribution	Amount of Receipt State Zip Code
ddress Date Received Description	Expenditure # (if applicable) Expenditure # (if applicable)	Payment Type Reimburseme Payment Type Reimbursem	ent for shared ex ment for shared e SUBTOT	City Name of T Spense OSurplus District Name of Tr City Expense OSurplus District CAL Section C — The additional Section C	ibution reasurer tribution tribution C Pages	Amount of Receipt State Zip Code
ddress Date Received Description	Expenditure # (if applicable) Expenditure # (if applicable)	Payment Type Reimburseme Payment Type Reimbursem	ent for shared ex	City Name of Tr Spense Surplus Distri Name of Tr City Expense Surplus Distri	ibution reasurer tribution is Page C Pages	Amount of Receipt State Zip Code

NAME OF COMMITTEE (Provide Complete Na.	me as Registered with Filing Rep			0	F REPORT	
Re-Elect Major			nathachte and na agus agus a		CAMINE	f, on
.ame of Lender	D. Loa	ns Rece	eived this Peri	od		
Street Address			Source of Loan: Bank Bank	Candidate () Individu	ual Other Committee	Date of Receipt
	City			State	Zip Code	Is there a Cosigner of Guarantor of this loar Yes No
Name of Cosigner/Guarantor (if applicable)						Amount Received
Street Address	City			State	Zip Code	-
Name of Lender			Source of Loan:			Date of Receipt
0			OBank O	Candidate () Individua	al Other Committee	1
Street Address	City			State	Zip Code	Is there a Cosigner of Guarantor of this loan
Name of Cosigner/Guarantor (if applicable)						Amount Received
Street Address	City			State	Zip Code	-
Name of Lender			Source of Loan:			
Street Address				Candidate () Individua	al Other Committee	Date of Receipt
	City			State	Zip Code	Is there a Cosigner or Guarantor of this loan Yes No
Name of Cosigner/Guarantor (if applicable)						Amount Received
Street Address	City			State	Zip Code	
			TOTAL SEC	TION D		\mathcal{O}
E. Receipts from Enti	ities other than Indi	viduals	or Other Cor	mmittees (Pafaras		
Name of Entity	1935 S 100 S	VILLE	or other con	mmuces (Kejeren	dum Commuttee	es ONLY)
Street Address				Date Received		Amount Received
Sity		State	Ti- Codo			
		State	Zip Code	Aggregate Contribu	ations	
lame of Entity						
treet Address				Date Received		Amount Received
ity		State	Zip Code	A zomociło Contrilo		
			Zip Codo	Aggregate Contribu	tions	
lame of Entity						
treet Address				Date Received		Amount Received
ný		State	Zip Code	Aggregate Contribut	tions	
			TOTAL SECT	ΓΙΟΝ E		\mathcal{C}

NAME OF COMMIT	TEE (Provide Complete Name as Registered w	with Filing Repository)		TYPE OF REPO	ORT
-1988 15 7 6 (2) 7 5 2 7 2 5 2 7 2 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Re- Elect Mayor	Kon 21	017	tra	mination
	F. Amount Transferred from	om Affiliated Bu	usiness Treasury (Bus	siness Entity Comn	nittees ONLY)
Date of Receipt	Is this transaction associated event reported in Section L1?	with an Oyes		Total Manager	Amount
Date of Receipt	Is this transaction associated vevent reported in Section L1?	with an Yes No	If yes, list Event #		Amount
Date of Receipt	Is this transaction associated vevent reported in Section L1?		If yes, list Event #		Amount
Date of Receipt	Is this transaction associated vevent reported in Section L1?		If yes, list Event #		Amount
			TOTAL SECTION	ON F	O
C Amount 7	T A feliated				
Oate of Receipt	Fransferred from Affiliated I	Labor Union or	· Other Organization		anization Committees ONLY)
ate of the comp.	Date	of Receipt		Date of Receipt	
	Amount	A	mount		
	Amount	·	nount		Amount
<u>- 2542 mais 18 marsy war</u>			TOTAL SECTION (G	
•					
	II Dersonal Funds of the	Caralidate Dec			
ate of Receipt	H. Personal Funds of the C	Candidate Rece	ived this Period (Can	ıdidate Committees	
	O Cash	Personal Check			Amount
ate of Receipt	Method of payment:	Personal Check	ck Credit/Debit C	Card	
-	O Cash	O Personal Check	ck Credit/Debit C	Card	Amount
ate of Receipt	Method of payment:		<u> </u>	aio	<u> </u>
	OCash	Personal Check	ck Credit/Debit Ca	Cond	Amount
ate of Receipt	Method of payment:			aro	A
	OCash	O Personal Check	ck Credit/Debit Ca	Card	Amount
			TOTAL SECTIO	V8 - 2 (1, 1) 4	0
		I. Anonymous	Cantuibutions		
<u>aliet (2000) (an erry eksterit, akeng s</u>		1. Anonymous	Contributions		
<u>`</u>)	Per Public Act 11-48, Anor	nvmous Contri	ibutions may no long	ter he denogite	Ain man
am	nount. If a committee receive	ves an anonym	nous contribution, the	e campaion tre	d III <i>arry</i>

Per Public Act 11-48, Anonymous Contributions may no longer be deposited in *any* amount. If a committee receives an anonymous contribution, the campaign treasurer shall immediately remit the contribution to the State Elections Enforcement Commission for deposit in the General Fund.

NAME OF COMMITTEE (Provide Complete Nam	ne as Registered with Filing Repository)	(Sections A-		E DEDONE	rage / of 1/
Re-Elect Ma	yor ken 2017		7	FREPORT CハM・14	
	J. Interest from Deposits in Authori	ized Accounts		CALAITE	
ne of Institution	and the state of t	no le sunde en la propriate de la la la la compa	ate Rece	ived	Amount
Street Address					
0.0001110.000	City	State		Zip Code	1
Name of Institution			te Recei		
			ie vecei	vea	Amount
Street Address	City	State		Zip Code	
	Service VASSIBALIST er allegger begranning blev og storet i state og storet begranning blev og storet				
	TOTA	AL SECTION J			0
K. Misc	ellaneous Monetary Receipts not Con	sidered Contr	ibuti	ons	
Name				of Transaction	Amount Received
Street Address	City 1048				Amount Accessed
	City	Si	tate	Zip Code	
Description					—
Name					300
			Date o	of Transaction	Amount Received
Street Address	City	Sta	ate	Zip Code	
Description					
Name		·	Date o	f Transaction	
Street Address	T cr.				Amount Received
	City	Sta	te	Zip Code	\exists
Description					_
Name					
			Date of	f Transaction	Amount Received
Street Address	City	Sta	te	Zip Code	_
Description					
. .					7
	TOTAL SEC	CONTONIA			
	TOTAL SEC				300-
SUMMARY	OF OTHER MONETARY RECEIPT	'S (Sections D	throu	ıgh K)	
otal Loans Received this Period (Section I					O
otal Receipts from Entities other than Indi		+			0
otal Amount Transferred from Affiliated I		+		†	0
otal Amount Transferred from Affiliated I	Labor Union or Other Organization Treasury	(Section G) +		 	0
otal Amount of Personal Funds of the Can		+			0
al Amount of Interest from Deposits in A		+			
otal Miscellaneous Monetary Receipts not				- 0	
		+		30) <i>U</i>
(Add Sectio	Total of Other Mons D through K) (Enter total on Line 15, Column A	/Ionetary Rece 4 of Summary Page T	ipts 'otals)	30	00

	11v11 (Sections L)	L—L5)		Page 8 01 17
NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repositor	למ	TYPE OF REPOR	e T	
KT- Elect Mayor Ken	2017		nation	`
	ent Information			¢ 17/2
Date of Event Letter Description	M. M. Christian And Co. And Co			
				indraising eve
Location: Street Address	City		OYes	O _N ₀
	City		State	Zip Code
				1
Subpart 1: (All Committees)				1
Was this event hosted at a personal residence?	OYes (If yes, go to Section Associated with a F purchases made by h O No	L5 In-Kind Donation louse Party and comp lost(s) for food, beverag	lete required info	rmation for an
Did this fundraiser include goods or services donated by a business entity		T. Y. YVA		
of up to \$200 or items donated by an individual of up to \$100?	Yes (If yes, go to Section and complete require	L4 In-Kind Donation dinformation.)	s not Considered	Contributions
Was this fundraiser a tag sale, auction, or other sale of donated items	OYes (If yes, enter Total R	eccints here		
with purchases from an individual of up to \$100?			\$	
Subnart 2: (Party Committees Municipal Co. 1:1	O _{No}		<u> </u>	
Subpart 2: (Party Committees, Municipal Candidates and Political Com Were there purchases of advertising space in a program book or on a sign associated with this fundraiser? Subpart 3: (Town Committees ONLY)	Yes (If yes, go to Section	y <i>Committees)</i> L3 Purchases of Adve nplete required inforn	rtising Space in a nation.)	Program Bool
Did your committee sell food or beverage at a fair or similar mass	OYes (If yes, enter Total Re	eceints here		
gathering held within the state with this fundraiser?			- \$	
	O _{No}			
ent# Description			1874 a 1971 a a a bearann a	a na sana ang mga mga kabupan
of Event Letter Description			Was this a fund	draising even
Location: Street Address	City			Zip Code
			State	Zip Code
Subpart 1: (All Committees)			1 1	
Was this event hosted at a personal residence?	Yes (If yes, go to Section L Associated with a Ho purchases made by hos	use Party and complet	a required inform	ontributions nation for any
Did this fundraiser include goods or services donated by a business entity of up to \$200 or items donated by an individual of up to \$100?	Yes (If yes, go to Section I and complete required	4 In-Kind Donations	not Considered C	ontributions
	O No	information.)		
Was this fundraiser a tag sale, auction, or other sale of donated items	Yes (If yes, enter Total Rec	eints here.)		
with purchases from an individual of up to \$100?	_		\$	
Subpart 2: (Party Committees, Municipal Candidates and Political Comm Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?	No No No No No	3 Purchases of Advert	ising Space in a Pration.)	rogram Book
ubpart 3: (Town Committees ONLY)				
old your committee sell food or beverage at a fair or similar mass athering held within the state with this fundraiser?	OYes (If yes, enter Total Reco	eipts here.)	\$	
CVIDEODAY C	ON ₀			
SUBTOTAL Section L1—Subpart 1 (All Committees) Total Receipts fro	om Sale of Donated Items —	This Page		
SUBTOTAL Section Total Receip	on L1—Subpart 3 <i>(Town Committ</i> pts from Food Purchases —]	ees ONLY) This Page		
	TOTAL of additional Section	L1 Pages		
TOTAL OF ALL RECEI		CHASES		

Per Public Act 11-48, effective January 1, 2012 committees are no longer required to itemize small individual purchases from a committee tag sale, auction, or a sale of donated items. Section L2. removed

NAME OF COMMI	TTEE (Provide Complete A	lame as Registered with Filing K	Repository)		TYPE OF REPO	OT.	X-25-07
Ke-	Tient M.	ayun Ken	2017	+0 Martin + 04 MH (422 (424 (426 (4	400	Rina-lio	<u> </u>
	L3.	Purchases of Adver	rtising in a Pr	ogram Book or	on a Sign		
Name of Purchaser			<u> </u>	5 6 :		Purchase Made By: Business Entity	_
Street Address			City			Individual/Sole State	Proprietorship Zip Code
Date Received	Event #	Aggregate Pure	chases for All Events	Amount of Pr	ogram Ad Purchas	se Amount of S	Sign Purchase
Name of Purchaser					1.	D	
		-				Purchase Made By: Business Entity	Other
Street Address			City			Individual/Sole	Zip Code
Date Received	Event #	Aggregate Purc	hases for All Events	Amount of Pro	gram Ad Purchase	Amount of S	ign Purchase
Name of Purchaser					I P	urchase Made By:	
						Business Entity	Other
Address			City			Individual/Sole F	Zip Code
Date Received	Event #	Aggregate Purch	nases for All Events	Amount of Pro	gram Ad Purchase	Amount of Si	gn Purchase
ame of Purchaser							
					i	rchase Made By: Business Entity	Other
reet Address			City) Individual/Sole Pr	roprietorship Zip Code
ate Received	Event #	Aggregate Purcha	ases for All Events	Amount of Prog	ram Ad Purchase	Amount of Sig	n Purchase
nme of Purchaser							
					0		Other
eet Address		, , , , , , , , , , , , , , , , , , , ,	City			Individual/Sole Pro	oprietorship Zip Code
te Received	Event #	Aggregate Purchas	ses for All Events	Amount of Progr	ram Ad Purchase	Amount of Sign	1 Purchase
	SUBTOTAL Sect	ion L3 Total Purchases	of Advertising in				
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		12mer total Dr	. Line 100, Collim	n A of Summary Pag	ge Totals)		

		ne as Registered with Filing Repo		TYPE	OF REPORT		
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Control of the contro	J	L4. In-Kind Donatio	ons Not Consi	idered Contributions			
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O Individual O Sole Proprietorship	Date Received	Event #		Aggregate Value for this Even	nt		
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		SU	BTOTAL Section	n L4 — This Page			
		ТОТ	「AL of additiona	l Section L4 Pages			
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	The Art Artist Co.	Note: The second		many ruge rotatsy			

	EE (Provide Complete Name as Registered with Filing Re			TYPE OF REF	PORT	
Kr.	Elect Mayor Ken L5. In-Kind Donations Not Consid	2017		+ PM	nini	dion
	L5. In-Kind Donations Not Consid	lered Contributions Ass	ociated with a	House Part	V	7/00
Name of Host			Is this event committee?	supporting mo	ore than o	
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			committee?	OYes O No Omplete Itemizati		
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	Aggregate value of this Event—all nosts	Aggregate Value of all Events—th	is host/candidate			
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TOTAL SOCIATED WITH	OF ALL IN-KIND DONATIONS NO H A HOUSE PARTY (Enter total on A	OT CONSIDERED CONTI Line 22, Column A of Summar	RIBUTIONS rv Page Totals)			
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Revised January 2015	TIT. MODININ	IONE TAKY KE	CEIPTS (Sect	tions M—O)		Page 12 of 17
NAME OF COMMITTEE (Provide Comple	ete Name as Registered	l with Filing Repository)		TYPE OF REPORT		
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ame			arting after attention the unitary of the injuries of		Booken Brand Brand Br	
6:						
Street Address			City		State	Zip Code
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OIndividual / Sole Proprietorship Oothe						
Is contributor a lobbyist, spouse,	If contribution i	is in excess of \$400 to a cand	lidate for a chief executiv	e officer of a municipality,	Т	·
or dependent child of a lobbyist? O No	valued at more t	i di dusiness ne/sne is associ	iated with have a contract Yes No	with said municipality		Market Value
Is this contribution associated with an	Q Yes Is cont	tributor a principal of a state	contractor or prospective	e state contractor? OYes	7	s Contribution
event reported in Section L1? If yes, list Event #	O_{10}	yes, indicate which branch or government the contract is w	or branches	⊘ No		
Name		government the confider is w	ith: C Executive	e C Legislative		
Street Address			To:a.			
			City		State	Zip Code
Type of contributor: (Committee	Date Received	Aggregate Contributions	15			
OIndividual / Sole Proprietorship Other		Aggregate Contributions	Description of In-Kin	ıd Contribution		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	does continue	is in excess of \$400 to a cand r or business he/she is associ	lidate for a chief executive intention in the contract in the	e officer of a municipality,		Market Value
	valued at mole t	man \$5,000?	Yes O No		of this	s Contribution
Is this contribution associated with an event reported in Section L1?	Yes Is contri	ibutor a principal of a state c	ontractor or prospective			
If yes, list Event #		es, indicate which branch or overnment the contract is with	r branches th: Executive	€ No l		
Name	•			C Logislati vo		
<u> </u>						
Street Address			City		State	Zip Code
Type of contributor: Committee	Date Received	Aggregate Contributions	Description of In-Kind	d Contribution		<u> </u>
Individual / Sole Proprietorship Oother						
Is contributor a lobbyist, spouse, Yes	If contribution is	s in excess of \$400 to a candi	idate for a chief executive	e officer of a municipality	Fair A	Aarket Value
or dependent child of a lobbyist?	does contributor valued at more th	of business ne/sne is associa	ated with have a contract	with said municipality		Aarket Value Contribution
Is this contribution associated with an		butor a principal of a state co		· · · · · · · · · · · · · · · · · · ·		
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ay resident and continue the second s	or gov	vernment the contract is with	n:	O Legislative		
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TOTAL OF ALL IN-KIND CON	TRIBUTIONS	(Enter total on Line 23, Colur	nn A of Summary Page To	otals)	つ	
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SEEC FORM 20 Revised January 2015

IV. EXPENDITURES (Sections P—T)

Page 13 of 17

NAME OF COMM	ITTEE (Provide Complete Name as Registered with Filing Repositor	(ערי	TYPE OF REPORT	
$\left(\cdot \cdot \right)$	t- Elect Mayor Ken 20) j]	tenmin	netith
Name of Payee	P. Expense	es Paid by Committee		
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Street Address		City	1 70771)	O Debit Card OEF State Zip Code
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135	Christnet St			State Zip Code
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SEEC FORM 20 Revised January 2015		of _/7	
NAME OF COMM	IITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT	
)	e-Sleet Mayor Ken 2017	termina	tion
Name of Payee	P. Expenses Paid by Committee		
	heerek Printing City	Date of Payment	Method of Payment: 54 Check # / 0 7 3 ☐ Debit Card ☐ EFT
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(by code) Pnvt	Event	#	Amount
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Name of Payee Street Address	choock Printing City	Date of Payment	Method of Payment: Check # 1072 Debit Card EFT State Zip Code
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Street Address	cheath Printing City	Date of Payment	Method of Payment: Check # / 0 75
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Name of Payee Street Address	cheack Painting	Pate of Payment	Method of Payment: Check # / 076 Debit Card
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SUBTOTAL Section P — This Page

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TOTAL of additional Section P Pages

TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)

SEEC FORM 20 Revised January 2015	Section PADDITIONAL PAGE 133	of 1/7	
NAME OF COMN	MITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT	
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	P. Expenses Paid by Committee		
Name of Payee		Date of Payment	Method of Payment:
ر ا	recticat Portable Storage 26c	1 , 1	Check #5750
Street Address	THE TONIANE STORAGE LIC	11/5/17	☐ Debit Card ☐ EF
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NAME OF COMM	NTTEE (Provide Complete Name as Registered with Fi	ling Repository)		~ "Ge 11 01 1
Kr	· Sleet Mayor ken	2117	TYPE OF REP	
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NAME OF COMMI	TTEE (Provide Complete Name as Registered with Filing Repos	sitory)		TVDE OF BEDODE		
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	en la la companya de la		y a uge roulls			

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Name of Creditor	S. Expenses Incu	rred by Committee but Not Pai	d During this Peri	od	/ / /
Name of Creditor			ELECTRICAL SECTION AND ASSESSMENT	Date Inc	curred
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NAME OF COMMIT	TEE (Provide Complete Name as Registered with Filing Repos	sitory)		TYPE	OF REF	DORT		
<i>K</i> -	T- Elect Mayor Ken	2017	Statement Section Sect	4	2071	Mine	d-0-	<u>Andria (A. B. C. A. C.</u>
CWlood	T. Itemization of Rein	mbursemen	ts and Seconda	ry Paye	es			
Last Name of Worker/Co	onsultant	First		<u> </u>		МІ	Date of Person	of Payment to Vendo or Entity
Name of Vendor, Person	or Entity Paid by Committee Worker/Consultant			rep	ported in S	Section P:	:	e Worker/Consultar
Street Address of Vendor	r, Person or Entity Paid by Committee Worker/Consultant	City			Check	c#		Debit Card OF
		City					State	Zip Code
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Last Name of Worker/Cor		First	Organization	N: 0 A U		С о D Мі		Payment to Vendor or Entity
Name of Vendor, Person o	or Entity Paid by Committee Worker/Consultant			repo	orted in Se	ection P:	Committee '	Worker/Consultant
Street Address of Vendor,	Person or Entity Paid by Committee Worker/Consultant			1 -	Check #		_ O De	bit Card OEF
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ast Name of Worker/Cons		First	Organization	OAOB	ВОС		Date of Pa Person or	ayment to Vendor, Entity
lame of Vendor, Person or	Entity Paid by Committee Worker/Consultant			Payn	nent to Re	eimburse (/orker/Consultant a
				report	ted in Sec Check #	ction P:	O Debi	
treet Address of Vendor, P	Person or Entity Paid by Committee Worker/Consultant	City						Zip Code
urpose of Expenditure yy code)	Description		Event a	#			<u>I</u>	Amount
xpenditure # f applicable)	Type of Expenditure (Itemization in Addendum T Require None of the below Coordinated with reimbursement sought (joint expen	nditure)	Independent Organization:	2 0	0	0		
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)		TOTAL of ad	ditional Section T I	Pages				
OTAL OF ALL I	REIMBURSEMENT TO COMMITTEE W	VORKERS A	ND CONSULTA	ANTS				
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